PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

	P	ATENT	T APPL		ON FEE DE stitute for Form	IEMINAM	ION	RECORE	information (Inless it dis	splays a valid ON	MB control number
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENT									L ENTITY	OR	1	HER THAN
-	FOR		NUN	JMBER FILED		NUMBER EXTRA		RATE.	FEE			
(3;	ASIC FEE 7 CFR 1.16(a))							10(12.	· FEE	\dashv	RATE	FEE
(37	TAL CLAIMS CFR 1.16(c))		minus 20 =		20 = •	= .				OR		\$
(37	DEPENDENT CL CFR 1.16(b))	AIMS	minus (3 = .		X \$=	-	OR OR	× \$=	:
	MULTIPLE OFFICERS AND							X.\$=	· .	OR	X \$=	:
										OR	+\$=	:
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
	. •	CLAIMS	S AS AN	MENDE	D – PART II			-		.		<u> </u>
	·	umn 1).		(Column 2)	(Column 3)		SMALL	ENTITY	OR		ER THAN	
Y A		REN	LAIMS MAINING FTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA] [RATE	ADDI-	7	RATE	L ENTITY ADDI-
OMENT	Total		NDMENT	Minus	PAID FOR				TIONAL FEE			TIONAL
	(37 CFR 1.16(c)) Independent		20/		146	-6		X \$=		OR	x .50=	\$ SOUC
AMEN	. (37 CFR 1.16(b))		3	Minus	3	= `		× \$_ =		OR		1000
Α.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		7	X \$=	
								TOTAL	 	OR	TOTAL	\$200 B
	· .	(Colu	mn '1)		(Column 2)	(Column 2)	- 4	ADD'L FEE	<u> </u>	OR	ADD'L FEE	#500, u
NTB		REMA AF	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT		RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL
AMENDMENT	Total (37 CFR 1.16(c))	1		Minus	PAID FOR	=	-	·	FEE		ļ	FEE
	Independent (37 CFR 1.16(b))	-		Minus	***	=		\$=	·	OR	× \$=	
₹			MUI TIPI E	BEDEND	ENT OLANI		×	\$=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR.	+ \$=	
								OTAL DD'L FEE		OR.	TOTAL ADD'L FEE	
	· · ·	(Colun		·	(Column 2)	(Column 3)					'	
		REMAI AFT AMEND	INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
٤	Total (37 CFR 1.16(c))	· .		Minus	**	·=			FEE	. (,	FÉE
- 1	ndependent 37 CFR 1.16(b))	•		Minus	***	=	X		<u> </u>	OR	X \$=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR .	X \$=	
TOTAL TOTAL												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the use including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.